

Coordination is the Word



The National ACO, Bundled Payment, and Readmissions Summit Oakland 2015

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MEDICARE

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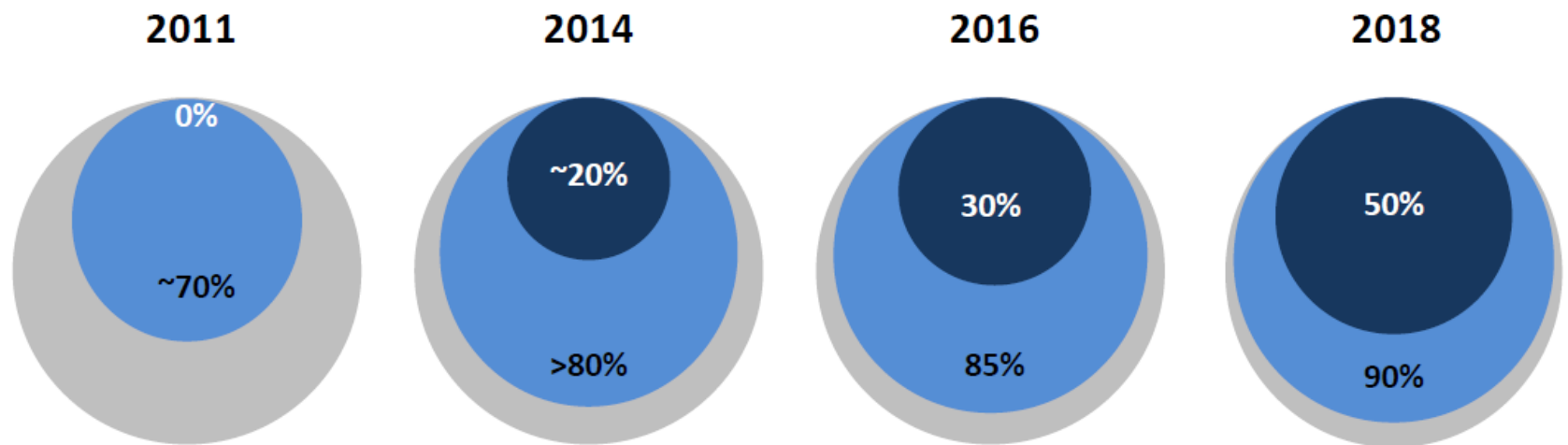
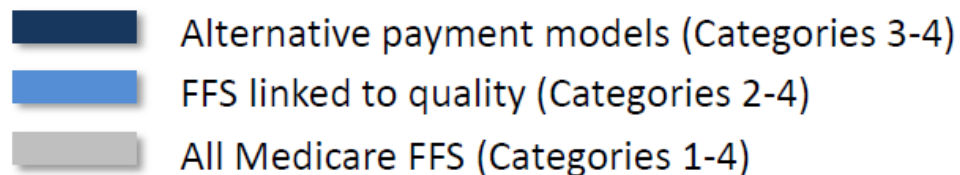
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Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018



Historical Performance

Goals



The CMS Equity Plan for Improving Quality in Medicare (***CMS Equity Plan for Medicare***) is an action-oriented plan that focuses on six priority areas and aims to reduce health disparities in four years:

- Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data
- Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs
- Priority 3: Develop and Disseminate Promising Approaches to Reduce Health Disparities
- Priority 4: Increase the Ability of the Health Care Workforce to Meet the Needs of Vulnerable Populations
- Priority 5: Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities
- Priority 6: Increase Physical Accessibility of Health Care Facilities

Medicare Care Choices Model puts empowered, engaged patients in the center of their own care

OLD: beneficiaries are required to forgo curative care to receive services under the Medicare or Medicaid hospice benefit

NEW: certain Medicare and dually eligible beneficiaries who qualify for coverage under the Medicare or Medicaid Hospice Benefit are allowed to receive palliative care services and curative care at the same time

- **Increase access** to supportive care services provided by hospice;
 - **Improve quality of life** and patient/family satisfaction;
 - **Inform new payment systems** for the Medicare and Medicaid programs.
- Includes 141 hospices of various sizes to target 150,000 eligible Medicare beneficiaries



Source: Centers for Medicare & Medicaid Services

There are 141 hospices participating in the Medicare Care Choices Model. [\[List\]](#)
To view an interactive map of this model, visit the [Where Innovation is Happening](#) page.

- Duration of model is 5 years:
 - The model will be phased in over 2 years. Participating hospices will be randomly assigned to Phase 1 or Phase 2.
 - Phase 1 hospices will begin to deliver services from January 1, 2016 to December 31, 2020.
 - Phase 2 hospices will begin to deliver services from January 1, 2018 to December 31, 2020.

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